

Dated: July 21, 1999.

**Margaret M. Dotzel,**

*Acting Associate Commissioner for Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-0273]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Community Mental Health Center Site Visit Assessment Tool and Supporting Regulations in 42 CFR 410.2; **Form No.:** HCFA-R-0273 (OMB# 0938-0770); **Use:** This information collection tool is essential for the Health Care Financing Administration (HCFA) to ensure that existing Community Mental Health Centers (CMHC), as well as CMHC applicants to the Medicare program are in compliance with Medicare provider requirements, as well as all applicable

Federal and State requirements. The collection tool will be completed and used by HCFA and or its contractors to collect patient records, other CMHC operational information, and to verify CMHC compliance as determined by the HCFA regional office. CMHCs will be required to sign the completed form, provide medical records, and other operational information to be copied by the HCFA contractor representative on-site at the CMHC during the site visit.; **Frequency:** Upon initial application or re-enrollment into the Medicare program; **Affected Public:** Business or other for profit, Not for profit institutions, and State, Local, or Tribal Government; **Number of Respondents:** 850; **Total Annual Responses:** 850; **Total Annual Hours:** 3,400.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: July 19, 1999.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

#### 2000 National Household Survey on Drug Abuse—(0930-0110, Revision)

The National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

For the 2000 NHSDA, additional questions in the following substantive areas are planned: mental health; mental health service utilization; industry and occupation; youth access to tobacco products and the cost of the last cigarettes purchased for adults as well as youth; and, substance abuse and treatment need. The remaining modular components of the NHSDA questionnaire will remain essentially unchanged except for minor modifications to wording and selective elimination of sufficient questions to allow for the additional burden of the questions and modules listed above.

As in 1999, the sample size of the survey for 2000 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate is 81,626 hours as shown below:

	Number of Respondents	Responses per respondent	Average burden per response (hrs.)	Total burden hours
Household Screener .....	210,000	1	0.050	10,500
NHSDA Questionnaire and interview verification .....	70,000	1	1.016	71,126
Total .....	.....	.....	.....	81,626

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Daniel Chenok, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: July 21, 1999.

**Richard Kopanda,**  
Executive Officer, SAMHSA.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

#### State Treatment Outcomes and Performance Pilot Studies Enhancement (TOPPS II)—New

The Center for Substance Abuse Treatment (CSAT) will develop a standardized approach that systematically measures the treatment outcomes of clients as they progress through State substance abuse treatment

systems funded by the Substance Abuse Prevention and Treatment Block Grant (SAPT BG). The goal underlying TOPPS II is to enable Single State Authorities (SSAs) to collect information on SAPT BG funded treatment services and to monitor common substance abuse treatment effectiveness data measures across their State management information systems (MISs). The TOPPS II program supports initiatives to design or enhance State MISs or outcomes monitoring systems (OMS) which assess treatment outcomes measures. Nineteen SSAs are planning to conduct and pilot test studies of specific components of substance abuse treatment systems by incorporating common data measures across all nineteen States on an inter-State (i.e., with the States acting mutually together) basis. The TOPPS II study furthers the work begun by CSAT under TOPPS I. Ten of the nineteen TOPPS II States had received TOPPS I funding. Most of these States are now using the treatment outcomes assessment instruments developed during the TOPPS I project. All such instruments received OMB approval (OMB control number 0930-0182).

During TOPPS II initial project implementation, a consensus-derived core data set has been designed to identify key performance measures in two domains: Effectiveness and efficiency. Within these domains, data will be collected that will permit States and CSAT to assess client outcomes (improvement) for indicators such as confinement in a controlled environment, frequency of overnight hospitalizations and emergency room visits, pregnancy status, child care responsibilities, employment patterns, participation in vocational training or

educational programs, arrests, living arrangements, and drug use patterns. These data will be collected through completion of the client-oriented core data set.

The inter-State evaluation design for TOPPS II participants will be a pre-test/post-test design that collects standardized data at client intake, discharge, and again at follow-up. This time frame is necessary to allow treatment providers the opportunity to assess the complex causal links between program processes and client outcomes and to monitor common substance abuse treatment effectiveness data measures across their State MISs. In addition, all State-specific designs will incorporate measures of client satisfaction at selected intervals, which is essential to assessing the quality, efficiency and efficacy of services.

This initiative is crucial to support CSAT in developing State substance abuse treatment accountability measures. The inter-State data base will incorporate standardized outcome measures which will be voluntarily reported on by States in their Fiscal Year 2000 SAPT BG applications. It will also comply with GPRA reporting requirements to establish measurable performance goals for SAPT BG recipients. Through these efforts, TOPPS II will contribute to the future development of a standardized national approach that measures the effectiveness and efficiency of public substance abuse treatment systems. The estimated annualized burden for TOPPS II core data set collection for the inter-State evaluation design, over the next three years is presented in the following table.

State	Number of respondents	Number of responses/ respondents	Total responses	Hours per response	Total hour burden
AZ*	556	4	2,224	0.12	267
AR	1,125	3	3,375	0.12	405
CA	2,700	3	8,100	0.12	972
CT	600	3	1,800	0.12	216
IL	2,000	3	6,000	0.12	720
IO	300	3	900	0.12	108
KY**	600	4	2,400	0.12	288
MA	1,370	3	4,110	0.12	493
MO	500	3	1,500	0.12	180
NH	657	3	1,971	0.12	237
NJ	1,200	3	3,600	0.12	432
NY	1,875	3	5,625	0.12	675
RI	1,200	3	3,600	0.12	432
TX	1,750	3	5,250	0.12	630
UT	1,050	3	3,150	0.12	378
VA	1,600	3	4,800	0.12	576
Total 3-Year Burden	19,083		63,405		7,009
Annualized Burden	6,361		21,135		2,336

\* Arizona has elected to conduct two follow-up assessments: at 6 months post-discharge and at 12 months post-discharge.

\*\* Kentucky is legislatively required to conduct a 12-month follow-up assessment in addition to the three data collection points required by the TOPPS II study.